

## Long-Term Services & Supports Legislation

### Passed in the 2013 Session of the Connecticut General Assembly

As of July 12, 2013

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*An asterisk (\*) indicates legislation that addresses recommendations in the 2013 Long-Term Care Plan.*

#### **Special Act 13-6 (SB 521): AN ACT CONCERNING A REPORT ON THE SURVEY OF ACCESSIBILITY IN AND TO STATE BUILDINGS (Signed by the Governor)**

This act requires that no later than January 1, 2014, the Commissioner of Administrative Services submit a report concerning the results of the survey of accessibility in and to state buildings for persons with disabilities being conducted by the Department of Administrative Services to the joint standing committee of the General Assembly having cognizance of matters relating to aging.

*(Effective upon passage)*

#### **\*Special Act 13-7 (SB 1026): AN ACT CONCERNING AN ADEQUATE PROVIDER NETWORK TO ENSURE POSITIVE HEALTH OUTCOMES FOR LOW-INCOME RESIDENTS (Signed by the Governor)**

This act requires that the Council on Medical Assistance Program Oversight study obstacles to achieving an adequate health care provider network for Medicaid recipients and recommend, not later than January 1, 2014, strategies to improve (1) access to such providers, and (2) health outcomes for such recipients across racial and ethnic lines. The study must include administrative burdens faced by providers and the effect of Medicaid rates of reimbursement on achieving an adequate provider network. *[The act does not specify whether it includes providers of long-term care]* *(Effective upon passage)*

#### **Special Act 13-11 (HB 5979): AN ACT ESTABLISHING A TASK FORCE ON ALZHEIMER'S DISEASE AND DEMENTIA (Signed by the Governor)**

This act establishes a task force to study the care provided to persons diagnosed with Alzheimer's disease and dementia in the state. The task force must analyze and make recommendations on the subject of Alzheimer's disease and dementia that must include, but need not be limited to: (1) Services provided to persons diagnosed with Alzheimer's disease and dementia, including persons with early-stage and early-onset of Alzheimer's disease, and such persons' family members and caregivers; (2) legislative policy changes to better serve such persons, family members and caregivers; (3) coordination between state agencies and private community-based health care providers to serve such persons, family members and caregivers; (4) case management services for such persons, family members and caregivers; (5) the transition of such persons from one health care facility to another; and (6) the placement of such persons in community-based settings or

health care facilities other than nursing home facilities, when feasible. Not later than January 1, 2014, the task force must submit a report on its findings and recommendations to the joint standing committees of the General Assembly having cognizance of matters relating to public health and aging. The legislation notes that the Chair of the Long-Term Care Planning Committee will be a member of the Task Force. *(Effective upon passage)* [Also see Public Act 13-XX (6644), Section 66]

**\*Special Act 13-22 (HB 6610): AN ACT CONCERNING FEDERAL MEDICAID WAIVERS (Signed by the Governor)**

This act requires that by July 1, 2014, the Department of Social Services (1) conduct a cost benefit analysis of providing home care versus institutional care for Medicaid and HUSKY Plan Part B recipients age eighteen years of age and under, and (2) make recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to human services on other Medicaid waiver programs or state plan options the state may apply for or utilize in order to provide home care services to Medicaid recipients age eighteen years of age and under. *(Effective July 1, 2013)*

**\*Public Act No. 13-7 (SB 853): AN ACT CONCERNING TECHNICAL AND OTHER REVISIONS TO STATUTES CONCERNING THE DEPARTMENT OF REHABILITATION SERVICES (Signed by the Governor)**

This act makes changes to the Department of Rehabilitation Services (DORS) reporting requirements. It also (1) eliminates a per person cap on the amount that DORS may spend to provide employment assistance to blind people; (2) increases dollar thresholds for wheelchair and certain equipment purchases; (3) expands Assistive Technology Revolving Fund loan eligibility; (4) authorizes the DORS commissioner to adopt regulations to implement its statutory purpose; and (5) makes several minor, technical, and conforming changes. *(Effective July 1, 2013)*

**Public Act 13-20 (HB 874): AN ACT CONCERNING VARIOUS REVISIONS TO THE DEPARTMENT OF DEVELOPMENTAL SERVICES' STATUTES. (Signed by the Governor)**

This act creates a 23-member Autism Spectrum Disorder Advisory Council, as a successor to an independent council established in connection with a previous pilot program, to advise the Department of Developmental Services (DDS) commissioner on autism issues. The council consists of nine state officials or their designees, six gubernatorial appointments, and eight members appointed by legislative leaders. The council will terminate on June 30, 2018. *(Effective July 1, 2013)*

**Public Act 13-70 (SB 519): AN ACT CONCERNING TRAINING NURSING HOME STAFF ABOUT RESIDENTS' FEAR OF RETALIATION (Signed by the Governor)**

Current law requires a nursing home administrator to ensure that all nursing home staff receive, from a trainer familiar with the home's patient population, annual in-service training in an area specific to the patients' needs. This act requires the training to include patients' fear of retaliation. Specifically, the training must discuss (1) patients' rights to file complaints and voice grievances, (2) examples of what constitutes or may be perceived as employee retaliation against patients, and (3) methods to prevent and alleviate patients' fear of such retaliation. The act also requires the state long-term care ombudsman to create and periodically update a training manual that provides nursing home administrators with guidance on structuring and implementing this new training requirement. *(Effective October 1, 2013)*

**Public Act 13-88 (HB 5345): AN ACT CONCERNING HOMEMAKER-COMPANION AGENCIES AND CONSUMER PROTECTION (Signed by the Governor)**

This act expands several notice requirements for homemaker-companion agencies. It also adds certain consumer protections to agency contracts, including specifying (1) when contracts are enforceable and can be cancelled and (2) payment obligations, including allowing agencies to recover payment for work performed. *(Effective January 1, 2014)*

**\*Public Act 13-109 (HB 6396): AN ACT CONCERNING LIVABLE COMMUNITIES (Signed by the Governor)**

This act requires the Commission on Aging to establish a "Livable Communities" initiative to serve as a (1) forum for best practices and (2) resource clearinghouse to help municipal and state leaders design livable communities that allow residents to age in place. The commission must report annually on the initiative to the Aging, Housing, Human Services, and Transportation committees, with the first report due by July 1, 2014. *(Effective July 1, 2013)*

**\*Public Act 13-125 (SB 837): AN ACT CONCERNING THE DEPARTMENT ON AGING (Signed by the Governor)**

This act completes the establishment of the Department on Aging by transferring to it all of the DSS Aging Services Division programs and responsibilities, including federal Older Americans Act (OAA) programs, the Statewide Respite Program, the Community Choices Program, the Long-Term Care Ombudsman Office, OAA funding for the area agencies on aging, health insurance counseling, administration of state grants for elderly community services and programs, oversight of municipal agents for the elderly, elderly nutrition, and fall prevention. The act also makes the Department of Housing (DOH), rather than the Department of Economic and Community Development (DECD),

responsible for the state's congregate housing program and removes DSS's designation as the agency responsible for administering the federal Section 8 housing program. *(Effective July 1, 2013)*

**Public Act 13-139 (HB 6388): AN ACT CONCERNING INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (Signed by the Governor)**

This act updates terminology used in several statutes regarding the provision of developmental disability services. It substitutes the term “intellectual disability” for “mental retardation” and “intermediate care facility for individuals with intellectual disabilities” for “intermediate care facility for the mentally retarded” to reflect changes in federal law and within the developmental disabilities community. *(Effective October 1, 2013)*

**Public Act 13-208 (HB 6644): AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES (Signed by the Governor)**

**Section 3 — BACKGROUND CHECKS FOR LONG-TERM CARE FACILITY VOLUNTEERS:** Under current law, a long-term care facility must require any person offered a volunteer position involving direct patient access to submit to a background search, which includes (1) state and national criminal history record checks, (2) a review of DPH's nurse's aide registry, and (3) a review of any other registry that DPH specifies. The act conforms to federal law by limiting the background search requirement to only those volunteers the facility reasonably expects to regularly perform duties substantially similar to those of an employee with direct patient access.

**Sections 25-61 — DEFINITION OF RESIDENTIAL CARE HOMES (RCHs):** The act removes RCHs from the statutory definition of “nursing home facility” and establishes a separate definition for these homes. The act redefines an RCH as an establishment that (1) furnishes, in single or multiple facilities, food and shelter to two or more people unrelated to the proprietor and (2) provides services that meet a need beyond the basic provisions of food, shelter, and laundry.

**Section 62 — NURSING HOME FACILITY AND RCH CITATIONS:** The act requires the DPH commissioner to issue a citation against any nursing home facility or RCH that violates the state's long-term care criminal history and patient abuse background search program.

**Section 66 — TASK FORCE ON ALZHEIMER'S DISEASE AND DEMENTIA:** The act increases, from 23 to 24, the membership of the Task Force on Alzheimer's Disease and Dementia established under Special Act 13-11 by adding the Department of Developmental Services commissioner, or his designee.

**Public Act 13-218 (SB 523): AN ACT CONCERNING THE RETURN OF A GIFT TO A PERSON IN NEED OF LONG-TERM CARE SERVICES (Signed by the Governor)**

By law, the Department of Social Services (DSS) commissioner must impose a penalty period (period of Medicaid ineligibility) on institutionalized individuals who transfer or assign their assets for less than they are worth in order to shift their care costs to the Medicaid program. The penalty period (1) applies only when such transactions occur within five years before a person applies for Medicaid long-term care and (2) generally is not imposed if the entire amount of the transferred asset is returned to the institutionalized individual. Institutionalized individuals are applicants or recipients of long-term care facility or Medicaid waiver home- and community-based services.

The act requires the commissioner, to the extent permitted by federal law, to reduce the penalty period if (1) part of the transferred assets is returned to the individual and (2) the original end date of the penalty period does not change. DSS must consider the entire amount of the returned asset to be available to the transferor from the date it was returned. It cannot determine the transferor to be ineligible for Medicaid in the month the transferred asset is returned as long as the individual reduced the returned asset in accordance with federal law (e. g. , did not make the transfer to shift care costs to the Medicaid program). *(Effective July 1, 2013)*

**Public Act 13-234 (HB 6705): AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS FOR HOUSING, HUMAN SERVICES AND PUBLIC HEALTH (Signed by the Governor)**

**Sections 1-69, 151 and 157 — Housing program transfers:** The act gives the new Department on Housing (DOH) authority over state housing and community development programs. Among other things, it transfers to DOH:

Department of Economic and Community Development (DECD) responsibilities with respect to:

- The state's consolidated plan for housing and community development
- Congregate housing for the elderly
- Independent living for low- and moderate-income individuals with disabilities
- Rental assistance for elderly people residing in state-assisted rental housing (ERAP)
- The authority to designate a Federal HUD Section 202 or Section 236 elderly housing development to provide assisted living services to individuals otherwise eligible to receive these services under the Connecticut Homecare Program for Elders. It also authorizes DOH to designate more than one development.

Office of Policy and Management (OPM) responsibilities with respect to:

- Administering the rental rebate program for the elderly and people with total and permanent disabilities. OPM remains responsible for administering the Homeowners' Tax Relief Program for the elderly and people with disabilities (known as the Circuit Breaker Program).

Department of Social Services (DSS) responsibilities with respect to:

- The federal Housing Choice Voucher and Section 8 programs
- RAP, including the transitional and emergency rental assistance programs
- Housing for individuals suffering from AIDS

The act requires DOH to consult with the newly established Department on Aging, rather than DSS as DECD must currently do, in providing services to people with disabilities under the congregate housing program.

The act requires DSS and CHFA to collaborate with DOH, rather than DECD, to operate a demonstration project to provide subsidized assisted living for people residing in affordable housing. The act makes people age 65 or older eligible for the program if they are also eligible for the home and community-based program for adults with severe and persistent psychiatric disabilities, operated by DMHAS. Under existing law, unchanged by the act, people are eligible if they are also eligible for the Connecticut homecare program for the elderly.

**Section 73 — RESIDENTIAL CARE HOME (RCH) RATES:** The act provides that residential care homes that are scheduled to receive a lower rate in FYs 14 or 15 due to having an interim rate or other agreement with DSS must receive the lower rate. The act also provides that for the next two fiscal years, DSS may increase an RCH rate (1) if there are available appropriations, (2) up to a limit that the DSS commissioner determines, and (3) only if the RCH has a calculated rate greater than the rate in effect on June 30, 2013.

**Section 74 and 75 — NURSING HOME AND ICF-MR RATES:** The act requires DSS to freeze nursing home and ICF-MR statutory rate increases in FY 2014 and 2015.

**Section 85 — CUSTOMIZED WHEELCHAIRS FOR MEDICAID RECIPIENTS:** The law provides that customized wheelchairs must be covered under Medicaid only when (1) a standard wheelchair will not meet an individual's needs, as DSS determines, and (2) when DSS requests an assessment. (DSS regulations permit vendors or nursing homes to perform assessments to determine this need.) The act removes the requirement that DSS request the assessment.

**\*Section 107 — STATE OMBUDSMAN PILOT PROGRAM:** The act requires the state ombudsman, beginning July 1, 2014, to personally, or through representatives of her office, implement and administer a pilot program serving home- and community-based care recipients in Hartford County.

**Section 108 — DEPARTMENT OF REHABILITATIVE SERVICES (DORS):** This act conforms law to practice by authorizing the DORS commissioner, rather than the DSS commissioner, to establish and administer the Assistive Technology Revolving Fund. In practice, BRS administered the fund when it was within DSS and DORS does so currently. Also, DORS currently administers the Connecticut Tech Act Project, which helps clients get the assistive technology they need for greater independence at work, school, or in the community. This act allows the project to provide available assistive

technology evaluation and training services upon request. It allows the project to recoup direct and indirect costs by charging a reasonable fee that the DORS commissioner establishes.

**Section 121 — MONEY FOLLOWS THE PERSON (MFP):** The act authorizes DSS to implement policies and procedures to implement MFP II (a program similar to the MFP demonstration program for individuals who are not institutionalized but at risk of institutionalization) while in the process of adopting regulations. [NOTE: It was the intent to have this section apply to MFP (CGS 17b-369), not MFP II (CGS 17b-370). This correction will be addressed in the next legislative session with a technical revision.]

**Sections 127, 128, 129, 130 — NURSING HOME DEBT RECOVERY:** This act changes how the law treats the (1) assets of Medicaid long-term care applicants and beneficiaries and (2) amount of income Medicaid nursing home residents must apply to their care costs (applied income).

**Section 140 — LICENSURE FEES FOR HOME HEALTH CARE AGENCIES AND ASSISTED LIVING FACILITIES:** The act establishes a licensing and inspection fee for home health care agencies of \$300 per agency and \$100 per satellite office. The fee must be paid biennially to DPH, except for Medicare- and Medicaid-certified agencies, which are licensed and inspected triennially. The act also establishes a \$500 biennial licensing and inspection fee for assisted living services agencies, except those participating in the state's congregate housing pilot program in Norwich.

**Section 155 — REPEALERS:** The act repeals the following provisions:

- A pilot program requiring that certain multifamily housing projects be adaptable for use and occupancy by people with disabilities (CGS § 8-81a);
- A pilot project to provide affordable housing and support services to families with children who have ongoing healthcare service needs (CGS § 17a-54a).
- A requirement that the DSS commissioner apply for a Medicaid home- and community-based services waiver for individuals with AIDS or HIV; DSS never applied for the waiver (CGS § 17b-260d)

**\*Public Act 13-247 (HB 6706): AN ACT IMPLEMENTING PROVISIONS OF THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2015 CONCERNING GENERAL GOVERNMENT (Signed by the Governor)**

**Section 60 – SUPPORTIVE HOUSING:** Authorizes DSS, DMHAS, Corrections, OPM and the Judicial Branch's Court Support Services Division to (1) develop a Plan to provide supportive housing services, including housing rental subsidies during FY 14 and FY 15 for an additional 160 individuals and families who frequently use expensive state services and (2) enter into memoranda of understanding to reallocate, within existing appropriations, the necessary support and housing resources for this purpose.

**Public Act 13-249 (SB 1060): AN ACT CONCERNING THE MAINTENANCE OF PROFESSIONAL LIABILITY INSURANCE BY NURSING HOMES, HOME HEALTH CARE AGENCIES AND HOMEMAKER-HOME HEALTH AIDE AGENCIES (Signed by the Governor)**

This act requires anyone who individually or jointly establishes, conducts, operates, or maintains a nursing home, home health care agency, or homemaker-home health aide agency to maintain professional liability insurance or other indemnity against liability for professional malpractice. The insurance must cover malpractice claims for injury or death of at least \$1 million for one person, per occurrence, with an aggregate of at least \$3 million. The act explicitly exempts residential care homes from this requirement. *(Effective January 1, 2014)*

**Public Act 13-250 (SB 886): AN ACT CONCERNING AGING IN PLACE (Signed by the Governor)**

This act makes changes in several statutes to help senior citizens remain in their own homes and communities as they age. Specifically, it:

- Requires the Department of Social Services (DSS) to incorporate into its existing efforts coordinated outreach to increase the use of the supplemental nutrition assistance program (SNAP) by seniors, among others;
- Requires local plans of conservation and development (C & D) to consider allowing seniors and individuals with disabilities to remain in their homes and communities;
- Specifies that the exemption from obtaining a State Building Code variance or exemption for constructing homes with visitable features includes certain building ramps allowing wheelchair access;
- Adds anyone paid by an institution, organization, agency, or facility to care for seniors to the list of mandated elder abuse reporters and establishes a related training requirement for their employers;
- Requires DSS, by July 1, 2014, to begin annually reporting to the legislature on elder abuse and neglect complaints it received in the previous calendar year; and
- Requires the Department of Consumer Protection, in collaboration with the aging and social services departments, to conduct a public awareness campaign, within available funding, to educate seniors and caregivers on ways to resist aggressive marketing tactics and scams.

**Public Act 13-280 (SB 1027): AN ACT CONCERNING NOTIFICATION OF NONPAYMENT OF PREMIUM FOR INDIVIDUAL LONG-TERM CARE INSURANCE POLICIES AND LONG-TERM CARE BENEFITS UNDER AN ANNUITY CONTRACT (Signed by the Governor)**

This act allows insurers licensed for both life and health insurance in Connecticut to offer annuity contracts or certificates, or riders or endorsements to them that provide long-term care (LTC) insurance benefits. This allows withdrawals from the annuity for LTC expenses. Such contracts and certificates must waive the surrender charges or accelerate a portion of the annuity contract. By



law, life insurance policies may already provide LTC benefits. The act also repeals a related provision that allowed insurers to combine certain life insurance or annuities with LTC benefits since it is no longer needed. *(Effective date October 1, 2013)*

**Public Act 13-184 (6704): AN ACT CONCERNING EXPENDITURES AND REVENUE FOR THE BIENNIUM ENDING JUNE 30, 2015 (Signed by the Governor)**

(Note: The following information is from the Office of Fiscal Analysis, Budget Agency Details: Budget Sheets, June 2013)

**DEPARTMENT OF SOCIAL SERVICES**

**Home and Community Based Services:** Provide funding of \$9,165,373 in FY 14 and \$37,115,373 in FY 15 to reflect updated cost and caseload estimates. Please note that additional home and community based revisions are made elsewhere specifically related to the Money-Follows-the-Person program.

**Money Follows the Person (MFP):** Adjust funding downward by \$8,993,789 in FY 14 and \$43,060,850 in FY 15 to reflect the continued transition of clients from institutional to community settings.

**Medicaid Coverage for Autism:** Provide \$500,000 in FY 14 and \$1 million in FY 15 to provide certain autism related services under the state Medicaid program.

**Medicaid HIV/AIDS Waiver:** Reduce funding by \$1,260,000 in FY 14 and \$2,220,000 in FY 15 to reflect the elimination of the statutory requirement that DSS seek an HIV/AIDS waiver. Individuals who would have otherwise received services under the waiver will continue to be eligible for traditional services under the Medicaid state plan as well as services that they may be eligible for under existing coverage rules. *Section 155 of PA 13-234, the health and human services implementer, reflects this change.*

**Residential Care Home Rate:** Maintain funding of \$458,333 in FY 14 and \$500,000 in FY 15 for the residential care home rate increase provided in current services. *Section 73 of PA 13-234, the health and hospitals implementer, reflects this change.*

**Transfer Positions and Funds to the Department on Aging:** Transfer 26 positions and funding from DSS of \$8,914,378 in FY 14 and \$9,017,540 in FY 15 to the Department on Aging. Other Expenses funding of \$475,000 (via the Insurance Fund) is also transferred in each year. The following programs are transferred: Elderly Health Care at Bella Vista, Elderly Nutrition, Elderly Health Screening, Retired Senior Volunteer Program, Area Agencies on Aging, Medicare Legal Assistance, Day Care for Alzheimer Victims, Geriatric Assessment, Alzheimer Respite Care, Congregate Housing Services and Fall Prevention. Funding for Protective Services for the Elderly is not transferred under this proposal.

## STATE DEPARTMENT ON AGING

**State Long Term Care Ombudsman:** Provide one part time position and \$26,600 to reflect expanding the duties of the state Long Term Care Ombudsman. This will allow the Ombudsman to oversee home and community based services in Hartford County. *Section 107 of HB 6705, the health and human services implementer, established the pilot expanding the Ombudsman's duties.*

## DEPARTMENT OF DEVELOPMENTAL SERVICES

**Provide Funding for High School Grads:** Provide funding of \$5,051,811 in FY 14 and \$12,035,581 in FY 15 to fund day programs for new high school graduates. The start date for day programs for high school graduates may vary due to the individuals' needs, funding supports on average day programs that start on November 1 for 290 high school graduates in FY 14 and 254 in FY 15. Additionally, the state receives federal reimbursement for this Medicaid waived program. FY 15 funding includes the full cost of placements started in FY 14.

**Provide Funding for Southbury Training School Community Placements:** Provide funding of \$2,727,887 in FY 14 and \$8,858,303 in FY 15 in the Community Residential Services account to fund community placements for individuals choosing to leave Southbury Training School. The types of placements are provided as follows:

- 32 Money Follows the Person (MFP) placements in FY 14
- 27 MFP placements in FY 15
- 10 Non- MFP placements (more than a 4 person setting) in FY 14 and FY 15

**Provide Funding For Autism Services:** Increase funding by \$1,188,680 in both FY 14 and FY 15 to reflect the transfer of 25 children and adolescents from DCF to DDS who are eligible under the Autism Medicaid Waiver.

**Achieve Savings Through Use of Supportive Housing Model:** Reduce funding of \$2,100,000 in the Community Residential Services account in both FY 14 and FY 15 to reflect the use of the supportive housing model for new and existing DDS clients.

**Transfer Supportive Housing Funds:** Transfer funding of \$150,000 from the Community Residential Services account in both FY 14 and FY 15 to the Department of Housing (DOH). Funding is for DOH to promote the use of the supportive housing model for 15 DDS clients. DDS provides wrap-around services to support individuals in this setting.

**Close Public Residential Settings:** Reduce funding by \$1,308,611 in FY 14 and \$2,764,881 in FY 15 through attrition and reorganization in state operated programs. Three state-run group homes and three residential units at Southbury Training School will be closed. Clients currently living in these locations will remain in residential placements in alternate locations.

**Achieve Savings By Increasing Private Respite Services:** Reduce funding for respite services by \$260,000 in both FY 14 and FY 15 to reflect the reduction of the use of public respite settings and an increase in the use of private providers for respite services.

#### **DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**

**Provide Funding for Home and Community Based Services Non-MFP Placements:** Provide funding of \$2 million in FY 14 and \$4.5 million in FY 15 for Home and Community Based Services to reflect 41 non- MFP placements in each year.

**Provide Funding for MFP Placements:** Provide funding of \$1,851,671 in FY 14 and \$3,739,671 in FY 15 for Home and Community Based Services to reflect 38 MFP placements in each year.

**Provide Funding for TBI Services Caseload Growth:** Provide Funding of \$1,040,756 in FY 14 and \$2,778,754 in FY 15 for TBI Community Services to reflect the annualization of FY 13 placements as well as nine new placements in each year.

**Provide Services for Supportive Housing:** Provide funding of \$500,000 in FY 15 to provide services for 100 units of supportive housing, beginning January 1, 2015.

**Transfer RAP Certificates:** Transfer funding of \$1,105,000 in both FY 14 and FY 15 from DMHAS to the Department of Housing for Rental Assistance Program (RAP) certificates. DMHAS RAPS support the Mental Health Home and Community Based Services waiver and Frequent Users Systems Engagement (FUSE) supportive housing program.

#### **DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT**

**Adjust Funding for Subsidized Assisted Living Demonstration:** Increase funding for the Subsidized Assisted Living Demonstration by \$298,000 in FY 14 and \$465,000 in FY 15 to reflect the current need of the program pursuant to the Memorandum of Agreement.

**Adjust Funding for Congregate Facilities Operation Costs:** Increase funding for the Congregate Facilities Operation Costs account by \$195,346 in FY 14 and \$545,582 in FY 15 as a result of (1) tenant turnover and (2) the construction of new housing units which will be fully occupied in FY 15.

**Adjust Funding for Elderly Congregate Rental Subsidy:** Decrease funding by \$248,301 in FY 14 and \$227,292 in FY 15 for the Elderly Congregate Rental Subsidy to reflect the current need of the program.

#### **DEPARTMENT ON HOUSING**

**Transfer Positions and Funding to Reflect Reorganization:** Transfer 18 positions and funding of \$103,988,285 in FY 14 and \$110,852,198 in FY 15 to reflect the reorganization of various housing programs from the following agencies into the Department of Housing (DOH):

- Department of Social Services: \$58,331,673 in FY 14 and \$62,488,730 in FY 15 and nine positions;
- Department of Economic and Community Development: \$18,523,195 in FY 14 and \$19,409,659 in FY 15 and seven positions;
- Office of Policy and Management: \$27,133,417 in FY 14 and \$28,953,809 in FY 15 and two positions.